## **Instruction Sheet for Sample Termination Letter**

The following document relates to cancellation of other coverage when enrolling in a UnitedHealthcare Medicare Advantage plan.

If a member is replacing a **Medicare supplement plan (Medigap)** with a **UnitedHealthcare Medicare Advantage plan**, it's important that:

- 1. Prior coverage is terminated and,
- 2. Requested effective date is correct.

The sample termination letter, found on the next page, can be used by the member to terminate prior insurance coverage (i.e. Medicare supplement plan). The letter should be sent after receiving confirmation of acceptance into the UnitedHealthcare Medicare plan. The termination date should coincide with the new plan's effective date.

Re: Medicare Supplemen	t Insurance Policy Ca	ncellation	
Accept this letter as written Advantage plan effective	•	y Medicare Supplement Inso otification that my request has been approved.	· · · · · ·
Please send me written c	onfirmation within 30	days that the cancellation	has been put into effect.
Thank you for your promp	ot attention to this mat	tter.	
Sincerely,			